

**TESTIMONY FOR THE HOUSE POLICY COMMITTEE
ON HB 4862**

**Joelin Hahn, Director of Medicaid and Substance Abuse Services for
Bay-Arenac Behavioral Health Authority**

January 26, 2012

Madame Chairperson and Members of the Committee:

My name is Joelin Hahn, and I am Director of Medicaid and Substance Abuse Services for Bay-Arenac Behavioral Health Authority, which is a Pre-paid Inpatient Health Plan (PIHP) and a Coordinating Agency (CA) for six counties in Michigan including Arenac, Bay, Huron, Montcalm, Shiawassee, and Tuscola. On behalf of my organization, I want to thank you for the opportunity to share a few minutes with the Committee. Today I am here to support the testimony of the Michigan Association of Substance Abuse Coordinating Agencies (MASACA), to voice reservations regarding the bill as written, and to provide a few brief recommendations for your consideration.

To reiterate a few comments from Michigan Association of Substance Abuse Coordinating Agencies (MASACA), it is very evident that this bill has become a catalyst of systems change for behavioral health managing entities, such as Coordinating Agencies, Pre-paid Inpatient Health Plans, and Community Mental Health Services Programs (CMHSP's). The bill has inspired conversations, encouraged collaboration, and ultimately has demanded action and planning at all levels of the Behavioral Health system. The bill's sponsors are again to be congratulated for encouraging this direction.

Like Community Mental Health services, Substance Use Disorder services are an essential part of the local community safety net. One important difference between the two systems is the local cultural norms that can affect Substance Use Disorder trends and behaviors within the community. Another significant difference between these two systems of care is the reliance of the Substance Use Disorder system on local funding through county liquor tax revenues. The bill, as written, doesn't go far enough to recognize the value of the long standing partnership between the Substance Use Disorder system, the local community and units of local government.

We would like to recommend implementing sections into the amended Public Act 258 that protect service recipients and local communities by establishing standards for continued local community stakeholder involvement by retaining Substance Use Disorder Advisory Councils. Doing so not only protects the long standing partnership between the local community and the Substance Use Disorder system, it also ensures that the services made available through the designated organizations are accessible, responsive to their community's needs and available to all segments of the community. One possible consideration would be to require advisory councils to consist of representation appointed by the county commissions of the geographic area served.

During the past 10 years, the Substance Use Disorder field and the State have worked collaboratively to create consumer protections by establishing provider qualification requirements and credentialing standards. Very skilled and effective service providers have evolved over decades, with science and evidenced based specialty training and skills. It would truly be a disservice to this vulnerable population and our local communities to disregard the industry's standards of excellence in clinical practice.

We would recommend the retention of the specialty substance use disorder provider network, for both treatment and prevention services, by maintaining the Michigan Department of Community Health credentialing and staff qualification requirements for the Substance Use Disorder provider network. This should include provisions for input from the Substance Use Disorder managing entities and provider networks on licensing rule changes proposed by the Department of Licensing and Regulatory Affairs.

Members of the Committee, please recognize that the Substance Use Disorder system has been a part of local communities for nearly 40 years. To protect the public safety net and the quality and availability of services for this vulnerable population, regardless of changes to the managing entity for the Substance Use Disorder system, it is imperative to ensure protection, through statute, of continued community and local governmental involvement, retention of industry standards for the Substance Use Disorder provider network, and to dedicate the necessary resources to guarantee the financial support needed for Substance Use Disorder services.

Thank you.